

## STATE OF SOUTH CAROLINA

## (Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

**Application for Reinstatement of a Class C Charter  
Bus Certificate from Integrity Comprehensive  
Transportation Services, Inc. dba Capital  
Connections**

230603  
230604  
BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

## TRANSPORTATION COVER SHEET

DOCKET 2010-371-T  
NUMBER: 2008 - 407 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Karim Hassan Hohanson

Telephone: 877-223-1960

Address: P.O. Box 161492

Fax: 877-671-8842

Atlanta, GA 30321

Other: 803-479-3054

Email: kjohnson@integritytransonline.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

## NATURE OF ACTION (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted   | <input type="checkbox"/> Request for Name Change on Certificate        |
| <input type="checkbox"/> Application - Class C Taxi   | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input type="checkbox"/> Application - Class C Charter  | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input type="checkbox"/> Application - Class C Non-Emergency  | <input type="checkbox"/> Request                                       |
| <input type="checkbox"/> Application - Class C Stretcher Van  | <input type="checkbox"/> Exhibit                                       |
| <input type="checkbox"/> Application - Class E Household Goods  | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application - Class E Hazardous Waste  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Response                                      |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Return to Petition                            |
| <input checked="" type="checkbox"/> Request for Reinstatement   | <input type="checkbox"/> Other: _____                                  |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

Print Form

Reset Form

**CLASS C REINSTATEMENT FORM**

<p><b>File the original with:</b></p> <p><b>Public Service Commission of South Carolina Clerk's Office Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 - 5100 FAX (803) 896-5199</b></p>	<p><b>Mail or fax a copy to:</b></p> <p><b>S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815</b></p>
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DATE: 6/24/2011

Please consider this an application for Reinstatement of my:

- ☐ Taxi Certificate Number \_\_\_\_\_
- ☐ Charter Certificate Number \_\_\_\_\_
- ☒ Charter Bus Certificate Number 270
- ☐ Non-Emergency Certificate Number \_\_\_\_\_

My certificate was revoked/cancelled on 1/18/2011 because New insurance company  
(DATE)  
did not file insurance with ORS

I am seeking reinstatement because we were unaware that new insurance company did not  
file insurance with ORS. Company has maintained insurance as required by SC law


Integrity Comprehensive  
Transportation Services, Inc  
(Name of Company)

101 Teal Way  
(Street Address)

Columbia, SC 29229  
(City, State, Zip Code)

877 - 223 - 1960  
(Telephone Number)

DBA Capital Connections  
(if applicable)  
P.O. Box 161492  
Atlanta, GA 30321  
(Mailing Address if different from Street Address)

  
(Signature)

Owner/CEO, Georgia Operations  
(Title) Owner, President, etc.